

Destigmatizing Corrections: *Language Matters*

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Opening Thought Exercise

- Center for Nuleadership on Urban Solutions
- Consider the labels we place on individuals and practices in corrections
 - What are the labels?
 - *Consider both staff and incarcerated population*
 - How do they contribute to daily operations?
 - Do they contribute to the goals of corrections?



Definitions to Know

- **Stigma** - A mark of disgrace associated with a particular circumstance, quality or person
- **Connotation** - A meaning given to a word through its use in a society or culture
- **Implicit bias** - Subtle cognitive process that influences decision making below the conscious level



What Language Really Matters?

- **Language about individuals**
 - Gives an impression about them
- **Language about practices**
 - Emphasizes importance and tone
- **Language about mission/goals**
 - Demonstrates commitment



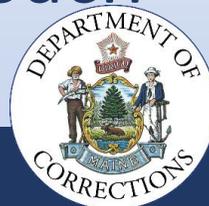
Align Language with Mission & Philosophy

- Consider your agency's mission and vision
 - What does it tell you about the work you do?
 - Words must translate into actions
- **Maine DOC:**
 - *Making our **communities safer** by **reducing harm** through **supportive intervention**, **empowering change**, and **restoring lives***



Language Matters in Corrections

- Corrections is often:
 - Slow to change
 - Content with status quo
 - Closed off
 - Filled with stigma
- Recent influence:
 - Substance use / behavioral health treatment community
 - Trauma-informed approach



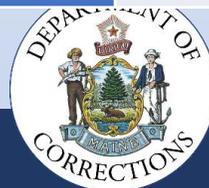
Language Matters in Corrections

- Corrections is now catching on
 - Wellness and outcomes are connected to language, meaning, and practices = **humanization**
 - Staff: wellness, peer support, professional development communications, policy, and building rapport
 - Residents: person-first/focused, wellness goals, communications, building rapport
 - SUD treatment, mental health services, reentry, and community building



Language Matters in Corrections

Person-Centered	Often Used...
Mr./Mrs. Name; Officer Name	Inmate Name; Guard
Client, Person with substance use disorder	Addict
Diagnosed with “x” disorder	Is addicted to “x”
Client, Person with mental health disorder	Mentally ill
Client, Person with alcohol use disorder	Alcoholic
Person in recovery	Former addict
Unclothed search	Strip search
Substance use treatment	Substance abuse treatment
Substance free	Clean/sober
Testing negative for substance use	Clean screen
Actively using/positive for substance use	Dirty/dirty screen
Regular substance use	Drug habit
Recovery management	Relapse prevention
Return to use	Relapse



Value in Reintegration

Stigma made reintegration difficult as it caused the participants to feel devalued, and this devaluation led to social distancing and to limitations in valued work, family, and social roles (Dinos et al., 2004; Goffman, 1963; Jacobson & Greenley, 2001; Krupa, 2008). The participants experienced devaluation in the loss of their roles in their own family and with friends, whether initiated by themselves or by others. It is interesting that the participants encountered externalized stigma from people impacted by the criminal justice system who made assumptions about the participant's work, family, and community based on their own histories. This prejudice reinforces a cycle of stigma that reduces participation in healthy occupations. The participants expressed the belief that they would never achieve a respected, higher paying job and would only be able to obtain low paying jobs. Krupa (2008) supports the premise that experiencing stigma can “compromise the individual's and the identified group's sense of integrity, status, worth and potential” (p. 199), possibly explaining the distrust and dishonesty that persist even in participants' own networks.



Implementing Destigmatizing Language

- MDOC's Language Matters Campaign
 - Learned from our women's services division
 - Partnership with McLean Hospital – deconstructing stigma
 - <https://deconstructingstigma.org/medoc>
 - Informally adjusted language using internal champions
 - Philosophical realignment
 - Launched “language matters” campaign
 - Began official policy edits
 - Revised training curricula



Positive Outcomes – Far Reaching

- Created foundation for the Maine Model of Corrections
 - Normalization, humanization, and destigmatization
- MDOC's DEI Office
- Facility culture = acceptance, respect, and support
 - Incidents are reduced, safety is increases
- Wellness is part of the regular conversation
- Residents are empowered
- First-person, collaborative focus = humanization

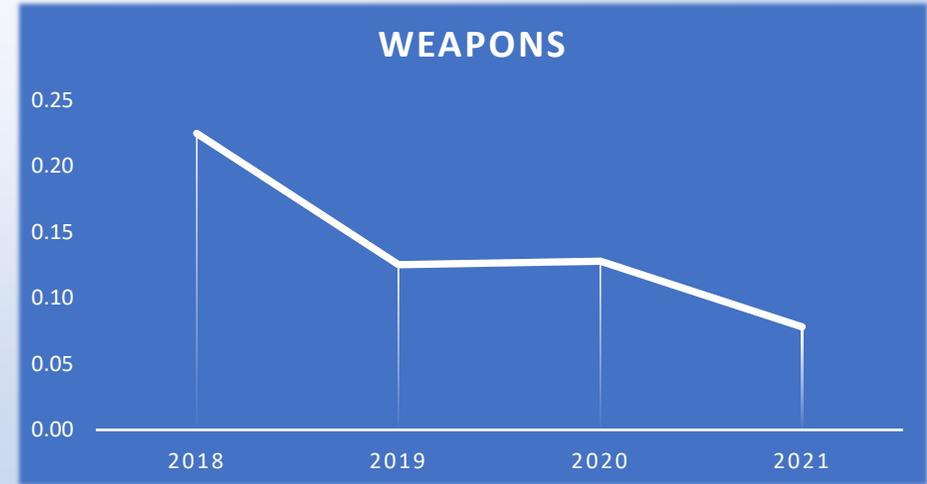
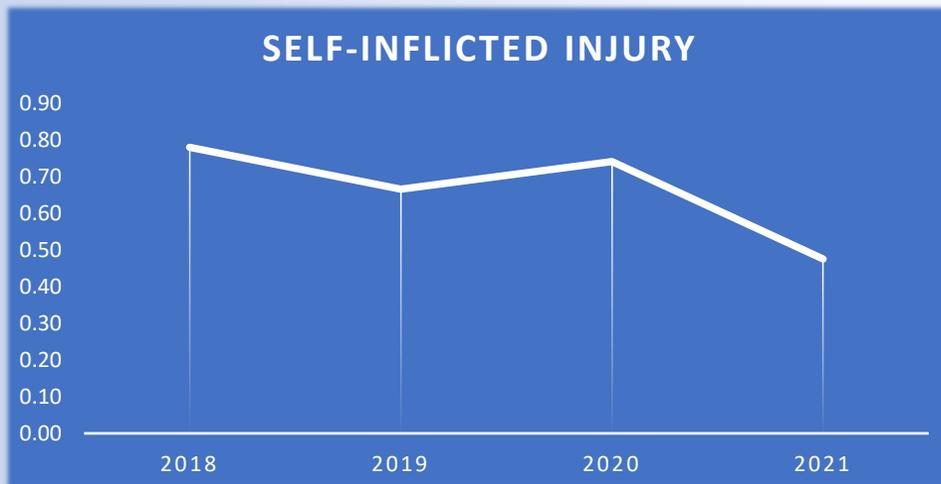
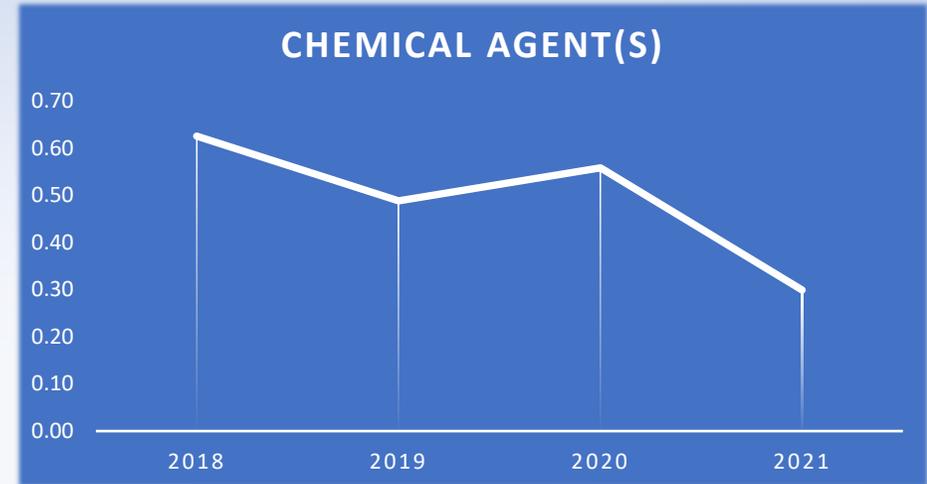
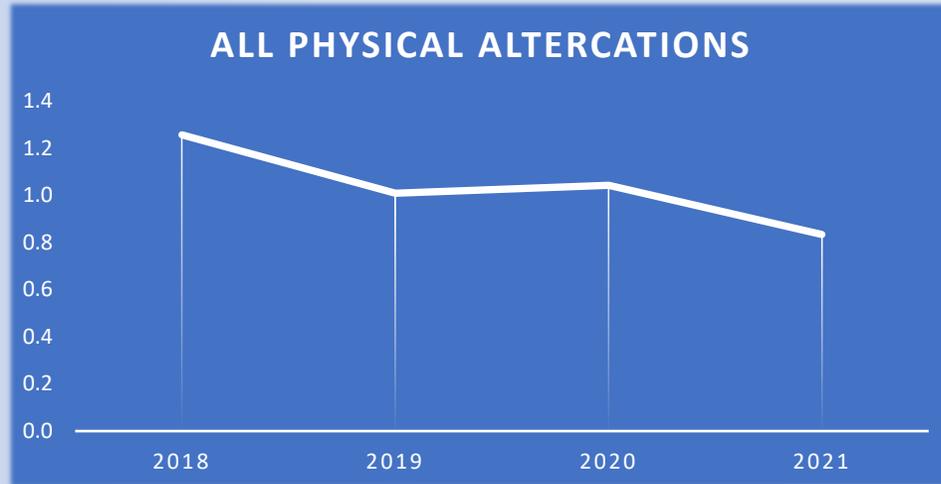


Positive Outcomes – Far Reaching

- MSUD and harm reduction
- Open access to behavioral health services
- Educational services
- Collaborative policy workgroups
 - = full inclusion
- Respect-based search / security processes
- Reduction in restrictive housing and time spent “in”



Incident Data Supports the Work



Thank You

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